



CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Department of Building and Housing
Division of Record Administration
601 Lakeside Avenue E., Rm. 517
Cleveland, Ohio 44114

LEAD SAFE CERTIFICATION APPLICATION

Date:
M M D D Y Y Y Y

Submitted By:

Name: _____
Address: _____
Email: _____ Phone: _____
Relation to Property: Inspector/Risk Assessor Owner Property Manager Other _____

Property Location:

Street Address: _____ Year Built: _____
City, State, Zip Code: _____ Total Number of Units: _____
Permanent Parcel Number: _____ Number of Units Inspected/Tested: _____
Is Your Property a Rental? _____ Rental Registration #: RR _____ - _____

Property Profile:

Clearance/Risk Assessment Performed On:

Date:
M M D D Y Y Y Y Time: _____ AM PM

Owner's Information:

Owner's Name: _____
Owner's Address: _____
(Street, City, State, Zip Code)

Property Prepared/Cleaned/Remediated By:

ODH License #/RRP Certification #: _____
Name: _____
Contractor Address: _____
City, State, Zip Code: _____ Phone: _____

Clearance/Risk Assessment Performed By:

Name of Investigator: _____
Ohio Department of Health (ODH) Certification#: _____ Job Title: _____
Company/Firm: _____ EPA/ODH Lead Firm Certification # _____
Street Address: _____
City, State, Zip Code: _____ Phone: _____

LEAD SAFE CERTIFICATION APPLICATION

Lab Information:

Lab Name: _____

Lab Accreditation Number: _____

Clearance Examination Findings:

Passed Clearance Examination

Failed Clearance Examination

XRF Paint Inspection Findings:

Lead Paint Present

Lead Paint Not Present

Paint Inspection Performed On: _____

Please attach additional ODH credential and Lab information on a separate sheet if examinations/inspections performed by multiple vendors.

Risk Assessment Inspection Findings:

Active Lead Hazards Identified

No Active Lead Hazards Identified

I hereby certify that the information provided on this cover sheet is an accurate representation of the information contained in the attached Lead Clearance/Lead Risk Assessment Report and that the report was prepared pursuant to the guidelines in Ohio Administrative Code Section 3701-32.

Signature: _____ Date: _____

Printed Name: _____

Submit this form and the associated inspection report via email to: LeadCertCLE@city.cleveland.oh.us or via postal mail to: City of Cleveland Department of Building and Housing Division of Records Administration; 601 Lakeside Avenue E., Rm 517; Cleveland, Ohio 44114. Must be postmarked within 30 days of the date of inspection.